Proposed Additional Functionality for Improving the Process of Following Up With Client Regarding Missing Information

Overview

The following are the various kinds of information that may be missing on an ACCESS AFB or Mail-in application for Family Medicaid and will require follow up by the workers:

- Missing questions and missing pages
    - Questions that were asked but client did not answer or entered 'I don't know'
    - Questions that were not asked (they were too complex, too uncommon, etc.)
- Verifications

In ACCESS AFB, the client would be informed of all missing information and the probable verification documents that they will have to send to the agency.

Proposed Approach

The following are the proposed new features in CARES that will help workers handle incomplete applications:

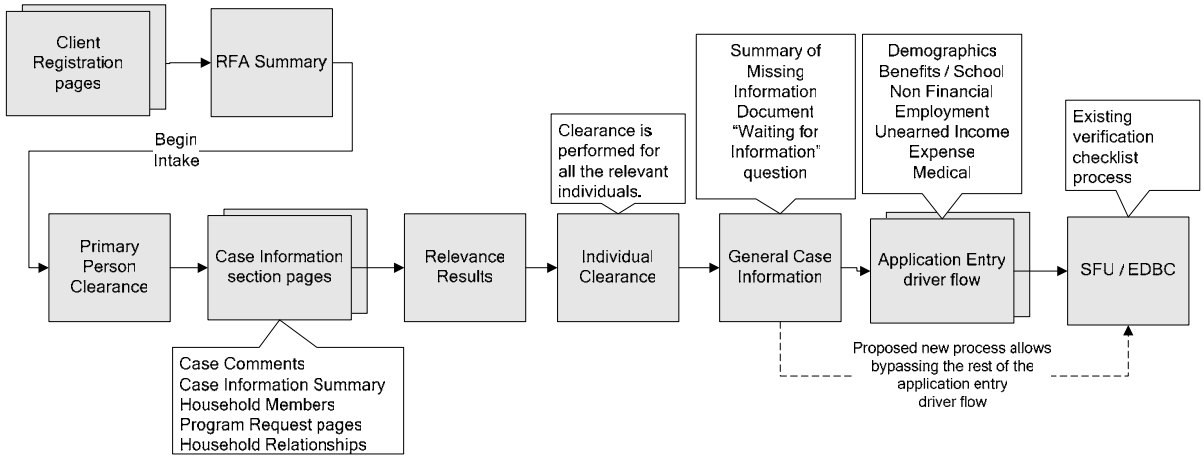
- Summary of Missing Information: This feature will summarize what information is missing on the application based on the intelligent program-based validations that are already implemented in CWW. In other words, this feature will provide a preview of all the validations that a worker will receive when navigating through the CWW pages.

- Customizable standard letter: The workers will be able to print a standard letter requesting for more information from the client. This letter will have some standard information such as the worker's name and contact details, the due date to send the missing information and the consequences for not sending it.

- Missing Information Denial Process: If a case is marked as "waiting for information" and the worker has not got any response from the client within 30 days (or 10 days from the last request for information), the worker will get an alert to run eligibility. The user will be able to run eligibility without completing the driver if the appropriate amount of time has passed and no program requests other than MA are on the case. Once the worker runs eligibility on the case, the requested Medicaid programs will be denied and a notice will be sent to the client indicating that their application is denied due to failure to provide information and the case will be treated accordingly.

Where in the process will the “Summary of Missing information” and the “Waiting for Information” question be available to the workers?

These options will be available on the General Case Information page after all the relevant individuals in the case are cleared.



Advantages of This Process

- Reduces the need for the worker to go through the entire driver flow and struggle to complete information that they do not know.
- Reduces the need to "guess" information that was not provided and may improve the quality of the data in CARES.
- Provides a more automated means to collect missing information from clients who cannot be contacted via phone.
- Standardizes the process across the State and may provide better tools than currently exist to keep track of requests for additional information and better information to be used to uphold a denial.

Concerns With This Process

- Until eligibility is run, the system cannot say for certain whether failure to provide a certain piece of information is grounds for denial. Specifically, if an individual who fails to provide information is ultimately not an included member of the AG, is it not appropriate to deny the entire case because that individual did not provide information. In addition, some information such as expenses can help the client, but failure to provide it should not hurt the client.
- Even a seemingly very incomplete application could be entered into CARES by using context clues, worker judgment, data exchanges, other systems, EVFs, and the existing process of using "?" or "F" on gateposts and "Q?" for verifications of specific fields. In addition, this new process seems to duplicate the existing process of the verification checklist.
- Unless very specific guidance is provided regarding appropriate use of this feature, there may be misuse or overuse that leads to improper denials, QC errors, and inconsistent eligibility determination. An analysis of the required information for Medicaid reveals that such guidance may be very difficult to provide.
- Due to face-to-face / phone requirements for other programs, this process could not be used if there are any programs other than MA requested on the case
- It is important that client is given the longer of 30 days from the filing date or 10 days from the verification request. It would be preferred if this process were automated and integrated with the communication process, as it is with the verification checklist. In order to do this, some additional tracking must be built similar to the verification due date tracking. This additional tracking may be confusing.
- If a client's application will be denied, it will be very important to give specific reasons for the denial.
- It is important to maintain a historical record of the communications that are sent to clients and the existing notice infrastructure should be used to achieve this goal.
- Restrictions on the existing notice infrastructure prevent the missing information letter request from being both very automated as well as very customizable. Depending on the desired functionality, it may only be possible to build it either online or batch but not both.
- It may increase workload if workers need to manually list all missing fields and verifications.
- Some fields are left off of the mail-in application / ACCESS because they are difficult for the client and would still be difficult if requested in a letter.
- This approach may result in multiple follow-ups and lead to increased workload for the worker and poor customer service for client Ultimately, the full list of required verifications cannot be fully anticipated until eligibility is run and the workers have the chance to use their judgment and identify what fields are questionable.